

diminishes after the cure of the club-foot, and seldom requires the division of these tendons themselves.

Seventh. The difficulty of the cure of varus and valgus depends upon the age of the individual, and the degree of the deformity. The cure requires practice and the well conducted application of proper instruments.

Dr. Krauss stated that he has lately divided, in a case of very deformed varus, in an individual of 22 years of age, the tendon of the tibialis posticus muscle, and the contracted plantar ligament, which latter operation, he believes, has not yet been performed either in France or in Germany. The operation was not followed by inflammation, and the improvement of the shape of the foot was very decided. —*Lancet*, for May 26, 1838.

43. *Spermatocele, or Varicocle of the Spermatic Cord.*—We find in a late number of *Guy's Hospital Reports*, (April, 1838,) some very interesting remarks on this subject by Sir ASTLEY COOPER.

In general this affection produces only inconvenience to the patient, and the plan of treatment then consists in supporting the part; and Sir Astley recommends that this be "effected by applying a suspensory sling, with two tapes sufficiently long to encircle the abdomen. The sling receives the scrotum and testis; and the tapes, passed around the abdomen, and tied in front, secure the parts in an elevated position. No straps should be placed beneath, to pass between the thighs; as they draw back, rather than elevate, the scrotum and swelling.

"As the parts should be kept as cool as possible, the material of the sling should be an open *silk net*, which allows the escape of heat, and prevents a relaxing perspiration. From this support the patient derives great relief; and the application of an evaporating lotion of spirits-of-wine and water relieves him still more. A very good lotion for this purpose consists of *aluminis ʒi. aquæ ʒxi. spiritus vini ʒi.*; but the lotion should be as much as possible devoid of smell, as it leads to the suspicion of some infirmity.

"Washing two or three times a day with cold water, with salt dissolved in it, is useful; and the employment of the shower-bath, or common cold-bath, by contracting the scrotum, prevents the increase of the complaint.

"The dress should be as light as possible, to prevent the production of superfluous heat, and to permit its escape; and all tight dress around the abdomen is to be avoided, to allow of the free return of the venous blood from the testis. Still, however, these means leave the patient with the badge of his infirmity, from his continuing to wear his bandage; and attempts have been made to relieve him, by exciting inflammation and thickening of the scrotum, and thus to render it a better support to the testes. I have applied the pyroligneous acid for this purpose; but the pain which it excited was severe, and the good effect only temporary. I have also employed blisters with the same view, and with the same effect.

"It has been advised to draw the scrotum through a ring, and fix it there, the person continuing to wear it; but, as it may be readily believed, this has no advantage over the use of the sling-support; and is a much greater annoyance to the patient's feelings, either than the disease itself, or the bandage which he is usually called upon to wear."

There are cases, however, in which this complaint produces so much pain and distress, as to render it absolutely necessary to do something more than is generally advised. Sir Astley has seen, in the course of his practice, many persons suffer so severely in mind and body from it, that they would readily submit to any operation which was not attended with danger to life, to obtain relief. As to tying the veins of the spermatic cord—from what he has seen of the dangerous and destructive effect of exciting inflammation in veins—he should never propose it; nor does he think, if it were not dangerous, that it is founded on proper principles. But in his *Work on the Testis*, published in the year 1830, he has advised the removal of a portion of the scrotum, in the following words:—

"*The removal of a portion of the scrotum will lead to a diminution of the veins of the spermatic cord; and it is an operation, in an extreme enlargement accompanied with pain, which might be tried with perfect safety, and is very likely to succeed.*"

He had, at that time, never performed the operation, and he therefore spoke of the probability of success only: but, aware of its being free from danger, and seeing that it would render the remaining portion of the scrotum a natural bandage,

and that a great degree of relaxation of the scrotum also attended this complaint, and that such relaxed portion might be safely and effectually removed, he determined to take some opportunity of performing the operation.

"Beside the advantage of making the scrotum, in its lessened state, a means of support, he observes, it must naturally occur, that the adhesion, excited by the operation of the fascia which covers the cremaster, to the surrounding parts would produce a permanent support, and render a suspensory bandage unnecessary. It might be thought a painful operation; but it is not so, nor does it excite constitutional irritation.

"The mode of performing it is as follows:—The patient being placed in the recumbent posture, the relaxed scrotum is drawn between the fingers; the testis is to be raised to the external ring by an assistant; and then the portion of the scrotum is removed by the knife or knife-scissors;—but I prefer the former. Any artery of the scrotum which bleeds is to be tied; and a suture is then made, to bring the edges of the diminished scrotum together. The patient should be kept for a few hours in the recumbent posture, to prevent any tendency to bleeding; and then a suspensory bag is to be applied, to press the testis upwards, and to glue the scrotum to the surface.

"The only difficulty, in the operation of removing the scrotum by excision, is in ascertaining the proper quantity to be removed; but it adds but little to the pain if a second portion be taken away, if the first does not make sufficient pressure on the spermatic cord. It is of no use to remove a small portion of the scrotum, for from doing this I have failed. When the wound has healed, the varicocele is lessened, but not always entirely removed; but the pain and distressing sensations cease, if sufficient of the scrotum be removed.

"In making the suture in the scrotum, its lower part is to be brought up towards the abdominal ring, to raise and support the testis; as does the suspensory sling when it is worn."

The following cases are given in which this operation was performed.

"CASE I. Mr. Rees, surgeon, of Blackfriars Road, sent me a patient of his, who had a large varicocele on the left side, with a very relaxed scrotum. He suffered severely from uneasiness in the spermatic cord and in the loins, a sense of weight and oppression in the region of the stomach, and excessive mental depression. On the 18th of February, 1831, I removed a large portion of the scrotum; and exposed the fascia covering the cremaster, and the testis in its envelopes. By three sutures, the edges of the scrotum were approximated, and the wound quickly healed; and he, on the 3d of March afterwards, quitted London."

This gentleman was 32 years of age. The portion of scrotum removed, when extended, measured four inches in length; and in breadth, in the middle, two inches and a half. He left London quite well, and some time afterwards Sir Astley learned from Mr. Webster that the patient was able to ride fifty miles a day, without inconvenience.

"CASE II. Mr. S—, aged 20, has had a spermatocele three years and a half, attended with a great sense of uneasiness in the part, and a dull heavy pain in the spermatic cord and loin on that side. My assistant, Mr. Balderson, held the scrotum between his fingers; and I removed all that could be easily elevated from the testis and its coverings, which are necessarily exposed in the operation. I then brought the integuments together by sutures, so as to close the wound completely; but I previously secured some small bleeding arteries. He was ordered to keep himself cool, and to remain in the recumbent posture; and the part was placed in a suspensory sling: however, the next morning he went down to breakfast; but this imprudence did not prevent his quick recovery from the operation, with the result of which he was highly pleased. The varicose veins are greatly reduced: the coverings of the testis adhere to the upper part of the scrotum. He soon gave up the use of the sling-support; and lost the pain in the spermatic cord and loins, which he had previously sustained.

"CASE III. H. B., aged 18 years, had a spermatocele upon the left side, from the age of fourteen. At fifteen he fell across an iron bar, which greatly hurt him; and he thought the complaint had quickly increased after that time. He suffered much from pain in the testis, more especially in walking, and from uneasiness in the groin, spermatic cord, and the spincous process of the ilium and loins. He consulted several medical men, who told him his complaint was a hernia. But

he was then recommended to Mr. Taunton, in Hatton Garden; who informed him it was a varicocele; and the scrotum was directed to be supported, and an evaporating lotion to be used.

"On July 20, 1837, I removed a large portion of the relaxed scrotum which covered the swelling, in the presence of Mr. James Babington; secured some small arteries; and then used four sutures, to approximate the edges of the scrotum. He was sent from my house, in a coach, to Chelsea, after the operation; and the scrotum very soon healed, and the uneasy sensation in the part vanished.

"CASE IV. Mr. John K—, aged 25, four months ago found the scrotum enlarged on the left side, with occasional pain in the part, which darted upwards to the external abdominal ring. It gradually increased, until it was three times larger than the right side of the scrotum, became more painful, and occasioned much depression of spirits. On the 15th of October, 1837, I removed a portion of the scrotum, by passing a needle and thread through it in three different places, and cutting away the scrotum beyond them. This plan did not facilitate the operation, and made the tying of the arteries more difficult; but it succeeded in relieving the disease."

A case is also given, communicated by Mr. Key.

In one case Sir Astley raised the scrotum, and placed a ligature around the part which he designed to remove, drawing the thread quite tight: but it produced a great deal of pain; the part sloughed with considerable constitutional irritation, and after a great length of time, and with more suffering than the complaint justifies.

It must be distinctly understood that the removal of a portion of the scrotum is recommended in those cases only of spermatocele, in which the patient suffers great local pain; in cases in which he is most urgent to have the swelling and deformity of the part removed; and more especially in those instances in which the function of digestion suffers, and there is a great degree of nervousness and of mental depression. For slighter cases, a suspensory bandage must be still recommended.

OPHTHALMOLOGY.

44. *On a new means of Diagnosis between Amaurosis and Cataract.* By M. SANSON.—If a light be presented before an amaurotic eye—the pupil of which is either naturally or artificially dilated—three distinct images of the flame may be invariably observed. Of these three images two are upright, and one is *reversed*: they are situated, the one behind the other, in the following order. The anterior one, which is also most distinct, is one of the former or *upright* images. The posterior or deepest, which is the least distinct, is also one of the upright images. The intermediate image is the *reversed* one.

This last or reversed image is paler than the first, but brighter than the second, upright one; and it also differs in this circumstance, that, when the light is moved to either side or round the eye, it is separated from the other two images so as always to occupy the opposite side, while they (the upright ones) are seen to follow the position of the light, moving to the right or left, upwards or downwards, according as the candle is moved in any of these directions.

If the candle be held opposite to the axis of the eye, all the three images are situated one behind the other—the two posterior ones being, as a matter of course, masked and obscured by the anterior one. But if it be held to a—say the right—side, then the reversed image will be seen in the opposite or left angle of the eye, while the upright ones are seen at its right angle.

If it be moved around the eye, the upright images follow it together, while the reversed image, although describing the circle in the same direction, is always at the opposite end of the eye's diameter.

The unpractised observer may experience some difficulty in observing these phenomena.

The patient should be placed in a dark chamber; and let us suppose that the candle is held at the external angle of the eye: the anterior upright image, which is large and brilliant, will be observed at the outer and upper part of the pupil. If